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or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Gila</u>	State Index No. <u>133</u>	Co. Registrar's No. <u>94</u>	
District of <u>Phoenix</u>	Local Registrar's No. <u>1071</u>		
Town of <u>Phoenix</u>			
City of <u>Phoenix</u>			
(No. <u>4</u> )		St. <u>Phoenix</u> Ward <u>1</u>	
FULL NAME OF CHILD <u>Harry Collins Jr.</u>			
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>male</u>	Twin, Triplet or other <u>no</u>	and	Number in order of birth <u>4</u>
Legitimate? <u>yes</u>	Date of Birth <u>2-11-1911</u>	Month <u>2</u> Day <u>11</u> Yr. <u>1911</u>	
Full Name FATHER <u>Harry Collins</u>		Full Maiden Name MOTHER <u>Annie Maddern</u>	
Residence <u>Miami Ariz</u>		Residence <u>Miami Ariz</u>	
Color or Race <u>white</u>	Age at last Birthday <u>38</u> Years	Color or Race <u>white</u>	Age at last Birthday <u>36</u> Years
Birthplace <u>Ireland</u>		Birthplace <u>England</u>	
Occupation <u>miner</u>		Occupation <u>housewife</u>	
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Feb-11-1911</u> at <u>10 P.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>J. H. Slaughter</u>	
Given or Christian name added from a supplemental report <u>1911</u>		Address <u>Miami Ariz</u>	
<u>832-211-145</u>		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	